

## Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, Days Away From Work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

**Identify the person****Describe the case**

(A) Case Employee's Name  
no.  
Employee's Name  
(e.g., Welder)

(B) Job title  
(e.g., Welder)

(C) Date of injury/Where the event occurred  
or onset  
(e.g., Loading dock north end)

(D) (E)

(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)

**Classify the case**

Using these four categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "Injury" columns or choose one type of illness:					
<b>Death</b>	<b>Days away from work</b>	<b>Remained at work</b>		<b>Away from work or transfer or restriction</b>	<b>On job transfer or restriction</b>	<b>(M)</b>					
		<b>Job transfer or restriction</b>	<b>Other recordable cases</b>			<b>Injury</b>	<b>Skin Disorder</b>	<b>Respiratory Condition</b>	<b>Poisoning</b>	<b>Hearing Loss</b>	<b>All other illnesses</b>
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	15 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Amazon Warehouse Associate	6/9	44425 fourth floor stow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	174 days	6 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Amazon Warehouse Associate	6/12	4319	<input type="checkbox"/>	<input checked="" type="checkbox"/>	49 days	5 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Amazon Warehouse Associate	6/13	Pick Nike Sneakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	72 days	6 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Amazon Warehouse Associate	6/20	3rd Floor AME near re-induct line	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Amazon Warehouse Associate	6/22	Decant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	72 days	6 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Amazon Warehouse Associate	6/24	3rd floor water spider	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Amazon Warehouse Associate	6/28	Stained	<input type="checkbox"/>	<input checked="" type="checkbox"/>	78 days	40 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Amazon Warehouse Associate	6/28	Inbound dock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20 days	11 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Amazon Warehouse Associate	6/29	Decant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	42 days	60 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Amazon Warehouse Associate	6/30	Outbound Dock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	52 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Amazon Warehouse Associate	7/2	Inbound Dock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	179 days	1 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Amazon Warehouse Associate	7/3	18 Docks, Decant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	79 days	22 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Amazon Warehouse Associate	7/4	Inbound prep area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Amazon Warehouse Associate	7/6	Pick station #3322	<input type="checkbox"/>	<input checked="" type="checkbox"/>	90 days	90 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Associate</u>	<u>Amazon Warehouse</u>	<u>2/2</u>	<u>AEE</u>	<u>Strain/strain, Shoulder, Left Shoulder, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>42</u> days	<u>53</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>	<u>Amazon Warehouse</u>	<u>2/8</u>	<u>IB Docks</u>	<u>Strain/strain, Head other than face, Right Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>14</u> days	<u>1</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>	<u>Amazon Warehouse</u>	<u>2/9</u>	<u>Amrod 4th floor Station 4106</u>	<u>Strain/strain, Leg, Right Thigh, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>139</u> days	<u>41</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>	<u>Amazon Warehouse</u>	<u>2/10</u>	<u>3 floor</u>	<u>Strain/strain, Ankle, Left Ankle, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>14</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>	<u>Amazon Warehouse</u>	<u>2/10</u>	<u>3rd floor</u>	<u>Strain/strain, Foot, Right Ankle, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>49</u> days	<u>131</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>	<u>Amazon Warehouse</u>	<u>2/10</u>	<u>pick</u>	<u>Strain/strain, Arm, Left Forearm, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>36</u> days	<u>1</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>	<u>Amazon Warehouse</u>	<u>2/11</u>	<u>Smartstack</u>	<u>Strain/strain, Shoulder, Left Shoulder, Left Upper Arm, Left Forearm, Left Hand, Product: Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>	<u>Amazon Warehouse</u>	<u>2/14</u>	<u>North/East VRC</u>	<u>Strain/strain, Knee, Right Knee, Conveyor, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>18</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>	<u>Amazon Warehouse</u>	<u>2/15</u>	<u>Slow</u>	<u>Strain/strain, Back, Lower Back, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>72</u> days	<u>1</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>	<u>Amazon Warehouse</u>	<u>2/16</u>	<u>2nd floor</u>	<u>Strain/strain, Ankle, Left Ankle, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>102</u> days	<u>57</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>	<u>Amazon Warehouse</u>	<u>2/16</u>	<u>St. #3131</u>	<u>Strain/strain, Knee, Left Knee, Stair/Ladder, Ladder- Fixed</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>11</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>	<u>Amazon Warehouse</u>	<u>2/16</u>	<u>4th floor</u>	<u>Strain/strain, Leg, Left Hip/pelvis, Left Thigh, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>38</u> days	<u>91</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>	<u>Amazon Warehouse</u>	<u>2/16</u>	<u>ARSAW station 3316</u>	<u>Contusion/bruise, Foot, Left Foot, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2</u> days	<u>81</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>	<u>Amazon Warehouse</u>	<u>2/17</u>	<u>3rd Floor</u>	<u>Strain/strain, Knee, Left Knee, Stair/Ladder, Ladder- Portable</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>23</u> days	<u>22</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>	<u>Amazon Warehouse</u>	<u>2/17</u>	<u>ship dock</u>	<u>Crushing/smashing injury, Knee, Left Knee, Equine, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>58</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>	<u>Amazon Warehouse</u>	<u>2/17</u>	<u>St# 4116</u>	<u>Strain/strain, Wrist, Right Wrist, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>43</u> days	<u>122</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Amazon Warehouse</u>	<u>Associate</u>	<u>2/17</u>	<u>Slow</u>	<u>Strain/strain, Arm, Right Forearm, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>9</u> days	<u>171</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Amazon Warehouse</u>	<u>Associate</u>	<u>2/18</u>	<u>Trailer 152</u>	<u>Strain/strain, Neck, Neck, Right Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>45</u> days	<u>80</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Amazon Warehouse</u>	<u>Associate</u>	<u>2/22</u>	<u>3rd floor</u>	<u>Strain/strain, Back, Middle Back, Tote, Heavy</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>30</u> days	<u>150</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Amazon Warehouse</u>	<u>Associate</u>	<u>2/22</u>	<u>Inbound - receive</u>	<u>Strain/strain, Wrist, Right Wrist, Right Hand, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>140</u> days	<u>1</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Amazon Warehouse</u>	<u>Associate</u>	<u>2/23</u>	<u>Kiva Floor Station 4328</u>	<u>Strain/strain, Neck, Neck, Right Shoulder, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>86</u> days	<u>1</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Amazon Warehouse</u>	<u>Associate</u>	<u>2/25</u>	<u>shipdock trailer</u>	<u>Strain/strain, Back, Lower Back, Right Thigh, Right Knee, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>47</u> days	<u>132</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Amazon Warehouse</u>	<u>Associate</u>	<u>2/25</u>	<u>4th flr</u>	<u>Strain/strain, Knee, Left Knee, Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>39</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Amazon Warehouse</u>	<u>Associate</u>	<u>2/26</u>	<u>Pack medium - first station</u>	<u>Strain/strain, Wrist, Left Wrist, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>13</u> days	<u>1</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Amazon Warehouse</u>	<u>Associate</u>	<u>2/26</u>	<u>Pick station 2347</u>	<u>Strain/strain, Hand, Left Thumb, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>









<u>Associate</u>																				
<u>Amazon Warehouse</u>	11/24	<u>Transfer in Dock - Line load injection</u>		<u>Strain/strain, Wrist, Left Wrist, Product: Heavy / Bulky</u>					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>11</u> days	<u>48</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>																				
<u>Amazon Warehouse</u>	11/25	<u>decant inbound</u>		<u>Contusion/bruise, Back, Middle Back, Lower Back, Tote: Tote - w/ product</u>					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3</u> days	<u>64</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>																				
<u>Amazon Warehouse</u>	11/26	<u>restroom</u>		<u>Contusion/bruise, Hips/pelvis, Left Hips/pelvis, Other</u>					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>56</u> days	<u>10</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>																				
<u>Amazon Warehouse</u>	11/26	<u>pick area</u>		<u>Sprain/strain, Back, Middle Back, Lower Back, Product: Other</u>					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>19</u> days	<u>41</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>																				
<u>Amazon Warehouse</u>	11/27	<u>Flat Induct</u>		<u>Contusion/bruise, Arm, Right Forearm, Product: Heavy / Bulky</u>					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>45</u> days	<u>8</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>																				
<u>Amazon Warehouse</u>	11/28	<u>slow</u>		<u>Sprain/strain, Wrist, Left Wrist, Tote: Heavy</u>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>																				
<u>Amazon Warehouse</u>	11/29	<u>Slow</u>		<u>Sprain/strain, Back, Lower Back, None</u>					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>45</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>																				
<u>Amazon Warehouse</u>	11/29	<u>Slow station 1411</u>		<u>Sprain/strain, Back, Upper Back, Tote: Tote - w/ product</u>					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>																				
<u>Amazon Warehouse</u>	11/29	<u>5361</u>		<u>Sprain/strain, Finger, Right Middle Finger, Right Ring Finger, None</u>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>4</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>																				
<u>Amazon Warehouse</u>	11/29	<u>FAT1</u>		<u>Contusion/bruise, Foot, Left Foot, Right Foot, Equiv: Pallet Jack</u>					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>22</u> days	<u>8</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>																				
<u>Amazon Warehouse</u>	11/30	<u>Ship Dock D0120</u>		<u>Laceration/cut/open wound, Arm, Left Forearm</u>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>																				
<u>Amazon Warehouse</u>	11/30	<u>FAT1</u>		<u>Sprain/strain, Wrist, Left Wrist, Right Wrist, Left Hand, Right Hand, Tote: Tote - w/ product</u>					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>59</u> days	<u>8</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>																				
<u>Amazon Warehouse</u>	12/1	<u>pack</u>		<u>Sprain/strain, Wrist, Left Wrist, None</u>					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>52</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>																				
<u>Amazon Warehouse</u>	12/1	<u>IB Dock</u>		<u>Hemis, Abdomen/lower trunk/abdominals, Abdomen, Product: Heavy / Bulky</u>					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>23</u> days	<u>8</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Associate</u>																				
<u>Amazon Warehouse</u>	12/1	<u>AFE 1</u>		<u>Sprain/strain, Foot, Left Foot, Equiv: Other</u>										<u>35</u> days	<u>8</u> days					
<u>Associate</u>																				
<u>Amazon Warehouse</u>	12/4	<u>Pick 3044</u>		<u>Sprain/strain, Shoulder, Left Shoulder, Product: Heavy / Bulky</u>										<u>0</u> days	<u>14</u> days					
<u>Associate</u>																				
<u>Amazon Warehouse</u>	12/5	<u>Pick station 3127</u>		<u>Sprain/strain, Back, Middle Back, Lower Back, Product: Other</u>										<u>53</u> days	<u>8</u> days					
<u>Associate</u>																				
<u>Amazon Warehouse</u>	12/5	<u>Spiral laces</u>		<u>Sprain/strain, Arm, Left Forearm, Product: Heavy / Bulky</u>										<u>43</u> days	<u>8</u> days					
<u>Associate</u>																				
<u>Amazon Warehouse</u>	12/6	<u>Med Stow station 3rd floor</u>		<u>Sprain/strain, Wrist, Left Wrist, Tote: Heavy</u>										<u>0</u> days	<u>44</u> days					
<u>Associate</u>																				
<u>Amazon Warehouse</u>	12/6	<u>3W in the MOD</u>		<u>Sprain/strain, Shoulder, Right Shoulder, Product: Heavy / Bulky</u>										<u>0</u> days	<u>43</u> days					
<u>Associate</u>																				
<u>Amazon Warehouse</u>	12/7	<u>AFE</u>		<u>Sprain/strain, Back, Middle Back, Lower Back, Tote: Heavy</u>										<u>44</u> days	<u>8</u> days					
<u>Associate</u>																				
<u>Amazon Warehouse</u>	12/7	<u>Smart pack</u>		<u>Sprain/strain, Back, Lower Back, Tote: Tote - w/ product</u>										<u>28</u> days	<u>8</u> days					
<u>Associate</u>																				
<u>Amazon Warehouse</u>	12/7	<u>3rd floor south</u>		<u>Sprain/strain, Wrist, Left Wrist, Product: Other</u>										<u>53</u> days	<u>8</u> days					
<u>Associate</u>																				
<u>Amazon Warehouse</u>	12/8	<u>Stairway leaving AFE2</u>		<u>Sprain/strain, Ankle, Left Ankle, Right Ankle, Stair/Ladder: Stairs</u>										<u>6</u> days	<u>8</u> days					
<u>Associate</u>																				
<u>Amazon Warehouse</u>	12/9	<u>Receive Dock</u>		<u>Sprain/strain, Back, Middle Back, Lower Back, Product: Unstable</u>										<u>19</u> days	<u>35</u> days					

<u>Associate</u>					
<u>Amazon Warehouse</u>	12/9	<u>AFF_1</u>	<u>Strain/strain, Back, Lower Back, Product: Heavy / Bulky</u>	<u>0</u>	<u>8</u> days
<u>Associate</u>					
<u>Amazon Warehouse</u>	12/9	<u>Stow</u>	<u>Strain/strain, Shoulder, Right Shoulder, Product: Heavy / Bulky</u>	<u>20</u>	<u>0</u> days
<u>Associate</u>					
<u>Amazon Warehouse</u>	12/12	<u>Stair way near line 18 on gift wrap</u>	<u>Fracture (Hairline), Knee, Right Knee, Stair/Ladder: Stairs</u>	<u>46</u>	<u>0</u> days
<u>Associate</u>					
<u>Amazon Warehouse</u>	12/12	<u>Station 1244 Pick</u>	<u>Strain/strain, Neck, Neck, Product: Immeasurably increased</u>	<u>31</u>	<u>0</u> days
<u>Associate</u>					
<u>Amazon Warehouse</u>	12/14	<u>Stow</u>	<u>Strain/strain, Shoulder, Left Shoulder,Right Shoulder, Tote: Tote - w/ product</u>	<u>3</u>	<u>46</u> days
<u>Associate</u>					
<u>Amazon Warehouse</u>	12/15	<u>1ST floor Green mile south of the mod</u>	<u>Fracture (Non-Hairline), Arm, Left Shoulder,Left Forearm, Tote: Tote - w/ product</u>	<u>46</u>	<u>0</u> days
<u>Associate</u>					
<u>Amazon Warehouse</u>	12/15	<u>Pick</u>	<u>Strain/strain, Back, Lower Back, Other</u>	<u>24</u>	<u>0</u> days
<u>Associate</u>					
<u>Amazon Warehouse</u>	12/17	<u>Ship Dock</u>	<u>Strain/strain, Back, Lower Back, Stool: Stepladder - 2-step</u>	<u>33</u>	<u>0</u> days
<u>Associate</u>					
<u>Amazon Warehouse</u>	12/18	<u>4th floor to NQD, south side</u>	<u>Strain/strain, Wrist, Left Wrist, Tote: Tote - w/ product</u>	<u>0</u>	<u>45</u> days
<u>Associate</u>					
<u>Amazon Warehouse</u>	12/19	<u>St. 3353</u>	<u>Contusion/bruise, Hand, Right Hand, Product: Heavy / Bulky</u>	<u>17</u>	<u>26</u> days
<u>Associate</u>					
<u>Amazon Warehouse</u>	12/19	<u>3rd floor of mod, Stow.</u>	<u>Strain/strain, Back, Lower Back, Tote: Heavy</u>	<u>33</u>	<u>0</u> days
<u>Associate</u>					
<u>Amazon Warehouse</u>	12/19	<u>1115</u>	<u>Tooth chip/break, Head - Facial Area, Tooth, Product: Other</u>	<u>0</u>	<u>14</u> days
<u>Associate</u>					
<u>Amazon Warehouse</u>	12/21	<u>Building Entrance</u>	<u>Strain/strain, Shoulder, Right Shoulder, Facility: Door</u>	<u>2</u>	<u>31</u> days
<u>Associate</u>					
<u>Amazon Warehouse</u>	12/23	<u>4south</u>	<u>Strain/strain, Knee, Left Knee, Stair/Ladder: Stairs</u>	<u>39</u>	<u>0</u> days
<u>Associate</u>					
<u>Amazon Warehouse</u>	12/24	<u>Ship dock</u>	<u>Strain/strain, Back, Lower Back, Product: Other</u>	<u>0</u>	<u>30</u> days
<u>Associate</u>					

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